EXHIBIT A

Inmate William David Carroll's Inmate File

Case	e 2:06-cv-	00549-	-MEF-SR	W	Do	cument 1	8-2	Filed 08/	02/200)6	Page 2	2 of 19
	Covingion County Sheriff Printed: Sat Nov 19,2005		\ A /II I I	INMATE DATA WILLIAM DAVID CARROLL (S416882767)					Booking Number 200009274 Booking Date			
			VVILLI	AW	DA	VID CA	RRO	_L (S4168	38276	(7)	1	EMBER 19th, 2
Section E	Block C	ell	Bed	S		Security Nu		Alias			1.00	Est Release Date
Address	21967 016	NEON O	DEEK DO			16-88-276 	7					
1,100,000	31867 PIG RED LEVE			\D								Home Telephone
Sex Date	of Birth	Age	Heigh			Weight		l D				
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Covington County Sheriff		MEDICAL SCREE	NING	FORM	Booking Number 200009274		
Printed: Sat Nov 19,2005 W		LLIAM DAVID CARRO	16882767)	Booking Date			
		ADMISSION OBSER	RVATIONS	<u> </u>	NOVEMBER 19t	n, 200	
Is inmate conscious?	0	Is inmate capable of responding?	Ø	N Can inmate	walk on own?	0	
Any difficulty breathing?	Y (ive? Y	Any visible	signs of trauma,		
Did arrest result in injury? Y N Any fever, swollen		Any fever, swollen lymph	· ·	ls skin in go	ounds or illness?	Ø	
Is inmate under obvious	Y	Is inmate under obvious	Y	free of verm	nin? signs of alcohol	— <u>V</u>	
Does inmate suggest risk Does inmate suggest risk Do you consider ins				or drug with	or drug withdrawal symptons?		
of suicide? Observations		escape risk?					
SUBJECT SEEN	IS TO	BE IN GOOD HEALTH AT TII	ME OF IN	TAKE			
		INMATE QUESTIO					
		D/HAVE ANY OF THE FOLLO	OWING IL	LNESSES OR CO	ONDITIONS?		
Hepatitis	Y (N)	Heart Disease	Y (0	Mental/Emot	ional Upset	Y	
Tuberculosis	<u> </u>	Hypertension	Y (N	Attempted S	uicide	Y	
Sexually Transmitted Disease	<u> </u>	Epilepsy/Convulsions	Y (N	Asthma/Emp	hysema	Y	
Ulcers	<u> </u>	Hemophiliac (bleeder)	Y (()			YN	
Kidney Trouble	Y (N)	Aids/Exposed to Aids	Y (()	_ <u></u>		YN	
DT's	Y (N)	Skin Problems	Y <u>(N</u>	Use Insulin		YN	
Orug Addiction	Y (0)	Alcholism	Y (\)	Mental Illness		YN	
Recent Head Injury	Y 🔞	Coughed/Passed Blood	Y (N)	Recent Hospit	al Patient	YN	
Recent Treatment	Y (N)	Use Needles	Y (N)	False Limbs/T	eeth	YN	
Contagious Disease Doctors Name and Address	Y ()	Pregnant/Recent Delivery	<u> </u>				
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ave read the above carefully an	d have	answered all questions corr	ectly to th	ne hest of my kr	nowledge		
nate's Signature							
J			vate:		Time:		
icers's Signature							

	County Sheriff	INIVIATI	INMATE PROPERTY LOG WILLIAM DAVID CAREOLL (\$416882767)				
	at Nov 19,2005	MILLIAM DAVI					
Currency	Ch	ange Checks		Food Stamps	NOVEMBER 19th, 200		
Quantity	Property Rece	eived	Quantity	Property Received			
4	RINGS GOL	D IN COLOR					
1	GOLD COLC	RED NECKLAC					
1	BROWN WA	LLET					
1	CAN OF DIP						
1	LIGHTER						
1	SET OF KEY	S					
1	BLUE JEAN	JACKET		-			
1	PAIR BLUE J	EANS					
1	PAIR BROW	N BOOTS					
1	BLUE SHIRT						
1	BLACK/BROV	VN BELT					
Hereby cer	tify the receipt	of the above arrested indiv	idual and his/her	property.			
		ITEMS RELEASED PI					
ate	Quantity	Property Released		r / Notes			
-							
ertify that I this receipt	have received .	all the above listed property	y (minus any prop	perty previously relea	ased) as indicated		
nate's Signa	ature		Date	:	Time:		
	ature			:	1		

PROPERTY RELEASE FORM - 838-3891

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DATE 1/-27-05	
PROPERTY PICKED UP BY	
DATE 11-21-05	

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Denvers Lic CIG LIGHTER TICKETS BEN WALLET

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PROPERTY RELEASE FORM

William David Carroll
DO HEREBY GIVE MY PERMISSION FOR MY PROPERTY HERE AT THE COVINGTON COUNTY JAIL TO BE PICKED UP BY COUNTY JAIL TO BE PICKED. I UNDERSTAND THAT IF IT IS NOT PICKED UP WITHIN FOURTEEN DAYS FROM THIS DATE THAT IT WILL BE DISPOSED OF BY THE COVINGTON COUNTY JAIL.
MMATE William David Carroll
WITNESS Line
DATE 11-21-2225
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DATE 11-05
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A NGTON COUNTY JAIL
HATE REQUEST GRIEVANCE

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Case 2:06-cv-00549-MEF-SRW Document 18-2 Filed 08/02/2006 Page 10 of 19
A MILL A MORROLL
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COYINGTON COUNTY JAIL
INMATE REQUEST / GRIEVANCE
NAME (ARROLL DAVI) BLOCK D DATE 1-4-010
NAME (ARROLL DAD) BLOCK DATE 1-4-06 () TELEPHONE CALL () CUSTODY CHANGE () PERSONAL PROBLEMS
() SPECIAL VISIT ()TIMESHEET ()GRIEVANCE ()OTHER
BRIEFLY OUTLINE YOUR REQUEST/GRIEVANCE THEN PRESENT TO A CO
IF REQUEST PLEASE CHECK TO WHOM IT IS DESIRED TO
()SHERIFF (X)CHIEF JAILER ()JAILER ()RECORDS OFFICE ()CHAPLAIN
- ZINUL
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has an opening I will lot at my list.
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(48)

Covington County

Sheriff Anthony Clark



Sheriff's Department

290 Hillcrest Drive Andalusia, Alabama 36420 Office (334) 428-2643 Fax (334) 428-2654

EFFECTIVE AS OF OCTOBER 28, 2005 THE COVINGTON COUNTY INMATES WILL BE ALLOWED THE FOLLOWING ITEMS.

THESE ITEMS WILL ONLY BE ACCEPTED

MONDAY THROUGH FRIDAY FROM 8AM - 4PM

MALES FEMALES 3 WHITE T-SHIRTS 3 WHITE BRAS NO UNDER WIRE 3 PAIRS OF WHITE UNDERWEAR 3 WHITE PANTIES FULL CUT 3 WHITE PAIRS OF SOCKS 2 3 WHITE PAIR OF SOCKS I WHITE OR GREY SWEATSHIRT 1 WHITE OR GREY SWEATSHIRT I WHITE THERMAL SHIRT 1 WHITE THERMAL SHIRT

IN ADDITION TO THESE ITEMS, INMATES WILL BE ALLOWED 2 PAPERBACK CROSSWORD/ WORD SEARCH BOOKS, 2 PAPERBACK NOVELS OR 2 MAGAZINES. THESE NOVELS OR MAGAZINES MUST BE IN GOOD TASTE IN MORAL VALUES. EACH ITEM(S) MUST BE LABELED WITH THE INMATES PROPER NAME. ITEMS WILL ONLY BE ACCEPTED ONCE A MONTH FROM THE DATE OF THE LAST TIME ITEMS WERE ACCEPTED.

AM LEAVING THE FOLLOWING ITEMS FOR . I UNDERSTAND THAT ONCE THESE ITEMS ARE GIVEN TO THE INMATE, THE COVINGTON CO. JAIL IS NO LONGER RESPONSIBLE FOR THE ITEMS IF THEY ARE LOST OF STOLEN

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COVINGTON COUNTY JAIL INMATE REQUEST /GRIEVANCE

NAME (ARRO) (WILLIAM D) BLOCK D DATE 2-/12/06 TELEPHONE CALL () CUSTODY CHANGE () PERSONAL PROBLEMS
SPECIAL VISIT ()TIMESHEET ()GRIEVANCE ()OTHER
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COVINGTON COUNTY JAIL INMATE REQUEST / GRIEVANCE

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COVINGTON COUNTY JAIL INMATE REQUEST / GRIEVANCE

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COVINGTON COUNTY JAIL INMATE REQUEST / GRIEVANCE

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COVINGTON COUNTY JAIL INMATE REQUEST / GRIEVANCE

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PROPERTY RELEASE FORM

I CONTROL CONTROL DO HEREBY GIVE MY PERMISSION FOR MY PROPERTY HERE AT THE COVINGTON COUNTY JAIL TO BE PICKED UP BY CONTROL OF LAST LAST LAST LAST LAST LAST LAST LAST
INMATE William David Carroll
WITNESS Michael Vigor
DATE 7- 2-06
PROPERTY PICKED UP BY:
DATE 7-2019